

CITY OF DULUTH FAVR PROGRAM ENROLLMENT FORM

Last Name: _____ First Name _____ MI: _____

Job Title: _____ Department: _____

Work Phone Number: _____ FAX Number: _____

E-Mail Address: _____

Home Address _____
Street Apt. City State Zip

Does your job require you to provide your own transportation? ☐ Yes ☐ No

Estimated number *of business miles* to be driven annually: _____ miles

If currently assigned a city vehicle, enter the unit number: _____

Information Regarding Employee Provided Vehicle

Make of vehicle: _____ Model: _____ Year: _____

Price paid (include sales tax): \$ _____ Odometer Reading: _____

Insurance Company: _____

Current Coverages for:

Bodily Injury: _____

Property Damage: _____

Uninsured Motorist: _____

Comp. Deductible: _____

Collision Deductible: _____

Employee Signature

Date

Department Director Signature

Date

Return completed form to: City of Duluth Fleet Services, 4825 Mike Colalillo Drive, Duluth MN 55807
Phone: 723-3448 FAX: 723-3449